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TRANSMITTAL					Complete if Known						
					Application Number 10/014,810						
					Fiting Date 12/14/2001						
Mar Miorei 2003					st Named Inventor KARIN OTTO						
Applicant plaims small entity status. See 37 CFR 1.27					Examiner Name Edward J. Cain						
E P.M.				Art Unit		1714					
TOTAL AMOUNT OF PAYMENT		(\$) 100		Altorne	Attorney Docket No. 032		032301.242			<u>_</u>	
METHOD OF PAYME	METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number: 02-4300 Deposit Account Name: Smith, Gambrell & Russell, LLP											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of fee(s)											
Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card											
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide Great Card information and authorization on PTO-2038.											
FEE CALCULATION											
1. BASIC FILING, S		ND EXAMIN	ATION FEE	s			_				
2	FEES	S	EARCH		EXAMIN						
		Small En			Small Entity		Small Foo		Fees Paid (\$		
Application Type			_	<u>ee(\$)</u> 00	<u>Fee(\$)</u> 250	<u>Fee(\$)</u> 200	<u>Fee</u> 100	(3)	rees Palu 14	ı	
Utility	300 200	150 100	_	00	250 50	130	65				
Design	200	100	-	00	150	160	80				
Plant Reissue	300	150	-	00	250	600	300		<del></del>		
Provisional	200	100		0	0	0	0				
		100		•		ū	•		Small Entity		
Fee Description Each claim over 20 (including Reissues)								0	25		
Each independent claim over 3 (including Reissues)							20	ю	100		
Multiple dependent claims									360 180		
Total Claims				Fee Paid (\$)				Multiple Dependent Claims			
-20 or l		x		= <u>10</u>	<u>10</u>			Fee (\$)	Fee Pai	<u>d (\$)</u>	
HP = highest number		-		_			-				
Indep. Claims		Claims	Fee(\$)	F00	Paid (\$)						
- 3 or H		X	- if constar these	.5 —							
HP = highest number		UK CARKLES ÖRKO K	A, II GIESIEI UISI	1 J.							
3. APPLICATION SI If the specification an		vceed IM sh	ects of nance	(excluding	o electronically	v filed sequence	or com	outer			
listings under	37 CFR 1 5	2(c)), the ann	lication size f	ee due is 1	\$250 (\$125 for	small entity) for	r each a	dditional	150		
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
100 = /50 = (round up to a whole number) x =											
4. OTHER FEE(S) Fees Paid (\$)											
Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g., la	ate filing sure	charge) :									
SUBMITTED BY		1			_						
Signature		16 Wx	w		Registration No. (Altomey/Agent)	20,351		Telephone	404-815-35	593	
Name (Scientifican)	Dobod G Weiler	/						Date	April 27 20	205	

This collection of information is required by 37 CFR 1/136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiatily is governed by 33 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will very depending upon the individual case. Any comments on the emount of time you require to complete this form endor suggestions for reducing this turnous, should be sent to the Chief Information Officer, U.S. Petent and Trademark Officer U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.